UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT For use by Me.	Page 1 of 7 mbers, officers, and emplore D DELVERED ATIVE RESCURCE CENTER					
Timothy J. Walz (Full Name)	202-225-2472 20 MAY 6 PM 4: 30 (Office Use Only)					
Filer Status Member of the U.S. State: MN Officer Or Employee	Employing Office: U.S. HOUSE A \$200 penalty shall be assessed against anyone who files					
Report Type Annual (May 15) Amendment Termination Termination	tion Date: more than 30 days late.					
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS						
I. or more from any source in the reporting period? Yes ✓ No ☐ the reporting period exempt)? If yes, complete and attach Schedule I.	use, or a dependent child receive any reportable gift in od (i.e., aggregating more than \$335 and not otherwise Yes No 🗸					
II. you for a speech, appearance, or article in the reporting period? Yes No VII. reimbursements for from one source)?	use, or a dependent child receive any reportable travel or or travel in the reporting period (worth more than \$335 Yes No 📝					
III. more than \$200 in the reporting period or hold any reportable asset worth Yes W No WIII. current calendar y more than \$1,000 at the end of the period?	reportable positions on or before the date of filing in the rear? Yes No V and attach Schedule VIII.					
IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	reportable agreement or arrangement with an outside Yes V No					
Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.						
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW						
Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and cert disclosed. Have you excluded from this report details of such a trust benefiting you, you	tain other "excepted trusts" need not be					

Exemptions— Have you excluded from this report any other assets, "unearned" Income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE I - EARNED INCOME

Name Timothy J. Walz

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Mankato Area Public School	Spouse Salary	n/a

SCHEDULE III - ASSETS	SAND	"UNEARNED"	INCOME
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BLOCK A BLOCK B BLOCK C BLOCK D BLOCK F Year-End Asset and/or Income Source Type of Income Amount of Income Transaction Identify (a) each asset held for investment or production of income with Value of Asset Check all columns that For retirement accounts that Indicate if asset a fair market value exceeding \$1,000 at the end of the reporting period. apply. For retirement do not allow you to choose had purchases and (b) any other reportable asset or sources of income which at close of reporting accounts that do not specific investments or that (P), sales (S), or vear. If you use a generated more than \$200 in "unearned" income during the year. allow you to choose generate tax-deferred income exchanges (E) valuation method specific investments or (such as 401(k) plans or exceeding other than fair market Provide complete names of stocks and mutual funds (do not use ticker that generate tax-deferred IRAs), you may check the \$1,000 in value, please specify income (such as 401(k) symbols.) "None" column. For all other reporting year. the method used. If an plans or IRAs), you may assets, indicate the category asset was sold and is For all IRAs and other retirement plans (such as 401(k) plans) that are check the "None" of income by checking the included only because self-directed (i.e., plans in which you have the power, even if not column. Dividends. appropriate box below. it is generated income. exercised, to select the specific investments), provide the value for each interest, and capital gains. Dividends, interest, and asset held in the account that exceeds the reporting thresholds. For the value should be even if reinvested, must capital gains, even if "None." retirement accounts which are not self-directed, provide only the name be disclosed as income. reinvested, must be of the institution holding the account and its value at the end of the Check "None" if the asset disclosed as income. Check reporting period. generated no income "None" if no income was during the reporting earned or generated. For rental or other real property held for investment, provide a complete period. address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting norical): any denomite totalina CE AAA or lane in a normanal chacking or \$1.001 -Dividend/Capital \$1 - \$200 DC American Balanced Fund 529 \$15.000 Gains SP \$15.001 -\$2,501 - \$5,000 P Education Minnesota not self-Interest directed (American United Life \$50,000 Insurance Company) Ρ Education Minnesota not self-\$1.001 -\$1 - \$200 Interest directed (American United Life \$15,000 Insurance Company) \$1.001 -Ρ Mass Mutual Life \$201 - \$1,000 Interest \$15,000 Insurance/Mass Mutual (whole) \$15.001 -\$1,001 - \$2,500 MN Retirement Assn not self-Interest \$50,000 directed SP MN Retirement Assn not self-\$50.001 -\$2,501 - \$5,000 Interest \$100,000 directed

Name Timothy J. Walz

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SCHED	OULE III - ASSETS AND "UNEARNED"	INCOME	Name Timot	hy J. Walz		Page 4 of 7
SP	NW Mutual Life Insurance (whole/term)	1 .	001 - 5,000	Interest	\$201 - \$1,000	
l	Rental Unit - 12 Valley View Place, Mankato, MN	I -	50,001 - 00,000	Rent	\$5,001 - \$15,000	,

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SCHEDULE IV - TRANSACTIONS

Name Timothy J. Walz

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	American United Life Insurance Company/Mass Mutual (whole)	Р	N/A	Monthly	\$1,001 - \$15,000
SP	Education Minnesota not self-directed (Great American Financial Resources)	Р	N/A	Monthly	\$15,001 - \$50,000

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Chase		Revolving	\$15,001 - \$50,000
JT	MBNA - Bank of America		Revolving	\$15,001 - \$50,000
JT	CitiMortgage		Mortgage on 12 Valley View Place, Mankato, MN	\$100,001 - \$250,000
JT	Chase Home Finance		Line of Credit on 12 Valley View Place, Mankato, MN	\$50,001 - \$100,000
JT	American Express		Revolving	\$10,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name Timothy J. Walz

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/22/10	Mankato Area Public Schools	Leave Without Pay Through 1/2/13
12/22/10	MN Teacher Retirement Assn not self directed	Leave Without Pay Through 1/2/13

		TATEO HOUGE OF DEDDEOEN	TATU (50	T	FORM A Page 1 of 5	LEGISLATIVE RESOURCE CENTER
_		TATES HOUSE OF REPRESEN				CEGISEATIVE RESOURCE CENTER
C/	ALENDAR Y	EAR 2010 FINANCIAL DISCLOSURE STATE	MENT	_	For use by Members, officers, and employees	2011 MAY 12 PM 3: 45
		John Paul Kline, Jr. (Full Name)			(202) 225-2271 HA (Daytime Telephone)	ND DELIVE S (Office Use Only)
;	Filer Status	Member of the U.S. State: MN House of Representatives District: 02			cer Or Employing Office: ployee	A \$200 penalty shall be assessed against anyone who files
F	Report Type	Annual (May 15)	☐ Termi	ination	Termination Date:	more than 30 days late.
PF	RELIMINA	Y INFORMATION ANSWER EACH	OF THESE	E QU	ESTIONS	-
l.	or more from ar	spouse have "earned" income (e.g., salaries or fees) of \$200 by source in the reporting period? He and attach Schedule I.	Yes ✓ No	J VI.	Did you, your spouse, or a dependent child receive any reportab the reporting period (i.e., aggregating more than \$335 and not of exempt)? If yes, complete and attach Schedule VI.	
II.	you for a speecl	al or organization make a donation to charity in lieu of paying n, appearance, or article in the reporting period? Ite and attach Schedule II.	Yes ☐ No 🔯	VII	Did you, your spouse, or a dependent child receive any reportab reimbursements for travel in the reporting period (worth more tr from one source)? If yes, complete and attach Schedule VII.	e travel or an \$335 Yes 🕢 No 🗍
10.	more than \$200 more than \$1,00	ouse, or a dependent child receive "unearned" income of In the reporting period or hold any reportable asset worth 0 at the end of the period? te and attach Schedule III.	Yes ✓ No	VII	Did you hold any reportable positions on or before the date of fill current calendar year? If yes, complete and attach Schedule VIII.	ng in the Yes ☐ No ☑
IV.	Did you, your sp reportable asset period?	ouse, or dependent child purchase, sell, or exchange any in a transaction exceeding \$1,000 during the reporting te and attach Schedule IV.	Yes ☐ No 🔽	ıx.	Did you have any reportable agreement or arrangement with an entity? If yes, complete and attach Schedule IX.	outside Yes 🔲 No 🔽
V.	Did you, your sp (more than \$10,0	ouse, or a dependent child have any reportable liability 300) during the reporting period?	Yes ☐ No 🔽		Each question in this part must be answered schedule attached for each "Yes" response.	and the appropriate
ΕX			JST INFORM	MATI	ON - ANSWER EACH OF THESE QUE	STIONS
	Trusts-		ved by the Comm	mittee c	on Ethics and certain other "excepted trusts" need not be	Yes □ No 🗸
	Exemptions				e, transactions, or liabilities of a spouse or dependent ch unless you have first consulted with the Committee on Et	

SCHEDULE I - EARNED INCOME

Name John Paul Kline, Jr.

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
SP-US Government (DFAS)	Military Retirement	N/A

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Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no Income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	LPL Insured Cash Account	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Dodge & Cox International	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Franklin Value	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$201 - \$1,000	
JT	Third Avenue Value	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	
JT	Standard & Poors 500	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Growth Fund of America	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	

SCHED	ULE III - ASSETS AND "UNEARNED" I	NCOME	Name John		Page 4 of 5	
SP	Jackson National Annuity (A)*	1 -	0,001 <i>-</i> 00,000	INTEREST	\$1 - \$200	
SP	Jackson National Annuity (B)* *Both annuities hold the same name	, i	0,001 - 00,000	INTEREST	\$1 - \$200	
SP	Lincoln Annuity	1 ' '	001 - 5,000	INTEREST	\$201 - \$1,000	
	Jackson National Annuity	1 '	5,001 - 0,000	INTEREST	\$1 - \$200	
	ING Russia	1 -	5,001 - 0,000	DIVIDENDS/INTE REST	NONE	
SP	Sheldon Family Farms (534 Acres, Houston, MN)		00,001 - 50,000	RENT	\$201 - \$1,000	
	Ameriprise Annuity (formerly known as American Express Annuity)	-	5,001 - 0,000	INTEREST	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Paul Kline, Jr.

Page 5 of 5

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days no <u>t at</u> sponsor's expense
The Heritage Foundation	January 14-16	Washington, D.C Charlottesville, VA	Υ	Υ	N	None

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT Por use by Members, officers, and employees Name: Daytime Telephone: 202 275 28 THAND DELIVER Daytime Telephone: 202 275 28 THAND DELIVER	3
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Name: Cit I wisen Daytime Telephone: 202 223 28 TAND DET TVET	
(Office Use Only)	REDM
Filer Status Member of the U.S. State: MN Officer or Employing Office: A \$200 penalty shall be a	assessed
Report Type Annual (May 16, 2011) Amendment Amendment Termination Date: Termination Date: 30 days late.	nore than
PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No 🔀
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	No 🗶
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No 🔀
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IV.	No 🔀
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Each question in this part must be answered and appropriate schedule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	S
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	No 😾
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because	No 🔽

Name E	h Paulsen	Page 2 of 6
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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source	Туре	Amount
-	Keene State	Approved Teaching Fee	\$6,000
•	State of Maryland	Legislative Pension	\$9,000
amples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
工	dependent School District 273	spouse salary	NA
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Ell Palser

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	BLOCK B	BŁOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	None Y -\$1,000 # 001 - \$15,000 C 001 - \$15,000 C 0,001 - \$100,000 H 00,001 - \$250,000 C 00,001 - \$500,000 C 000,001 - \$5,000,000 C 000,001 - \$5,000,000 C 5,000,001 - \$50,000,000 C 5,000,001 - \$50,000,000 C 5,000,001 - \$50,000,000 C	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST Other Type of Income (Specify: e.g., Partnership income or Farm Income)	None	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts	Indefinite X	X X Royalties	X X X	S (partial)
Minnesote State Retriement System Fixed Interest Minnesote State Retriement System Common Stockende Minnesote State Retriement System International Sher The Proctor and Gamble, Stock Xiel Energy Stock Vanymend Simple IRA Growth Index Fund		X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name El Palser

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Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source				Va	BL Yea		nd	et								oci yp	e				Am	ou		ock of		:on	ne			BLOCK E Transaction
SP, DC, JT			\$1 - \$1,000	5,000	\$50,000	E	-	Н	١	\$5,000,001 - \$25,000,000	000,000,	Over \$50,000,000	NE .	DIVIDENDS	100	AINS	TO TO! ICT	Į.	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	1	\$1 - \$200								\$1,000,001 - \$5,000,000 X	Over \$5,000,000	P, S, E
	V. 15 ALTER ENTLE	None			25	\$50	4	35	\$ 1,	33	\$25	δ	NONE)	_		Ē (5 3	ŭ	<u> </u>	None	X	\$20	¥,	\$2;	, <u>55</u>	\$15	35	\$10	**	ŏ	
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٠١٤	America Centra Investments		X	^		+	+	+		-1	+	╁	╎	+	+	\dashv	+	+		$\frac{1}{\sqrt{2}}$			-	\dashv	\dashv	\dashv	\dashv	\dashv	\dashv	1	
	Vanghard Simple IRA JOS Idea Find America Carty Investments ROTH IRA New Oppsmill Cap America Centry Investments RUTH IRA, New Oppsmill Cap High Marke ROTH IRA Tech 100 Fond		Δ	X	-	+	+	+-		\dashv	-	+	\dashv	X	╁	- X	十	+		<u>^</u>	X	\dashv	+	+	-	\dashv	-	\dashv	\neg	1	
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	Tirget Holks Sach I dex Fred			X			+	T		7	+		X		+		+			X			\dashv	ŀ	7	+		7	7	1	
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	Key Bah IRA			又											7	1					X			1			T		T		
JT	Wells Fires Snays; Checking				X)	(X										
JT	Lither Chiral Exterson Find Sing				X										1						X										
JF	Litter Chick Externa Find CD			X											_}	(X						\perp	\perp			
_	Fidelity Div Int'l Fund			X				<u> </u>				_		X			_			_,	X			ightharpoonup				ightharpoons	\bot	_	
	Dage & Cox Beknest Fund			X					Щ			1		X	\perp		<u> L</u>	┵				X	\perp		\perp	_	_	\bot	\bot		
-	Guaranteed Option				X		\bot			_	\perp	1			2	4	\perp					X		_		_	_	\downarrow	_	_	<u> </u>
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	Lether Chick Extensu Find CD Minusore Deferred Conp Plan Fractity Div Intil Fund Minusore Deferred Composition Dedge & Cox Dekned Fund Minusore College Scrings Flan Minusore College Scrings Plan 100% Egutto & Strong Minusore College Scrings Plan Minusore College Scrings Plan Minusore College Scrings Plan Minusore College Scrings Plan Mirachany Corent		X		_	\downarrow	_	<u> </u>	\vdash	\downarrow		4	<u> </u>	_	_	\downarrow	\downarrow	4	-	X		_	_	4	4	_	4	\dashv	\dashv	4	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source				Va		ar-	CK E -En	ıd	et									pe						ınt		Inc	con			╛	BLOCK E Transaction
SP, DC, JT			\$1 - \$1,000	2,000	0		\$100,001 - \$250,000	\$250,001 - \$500,000 D	\$500,001 - \$1,000,000 T		\$5,000,001 - \$25,000,000	000,000,	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		008	000	2	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	0		X 000,0001 \$5,000,000	Over \$5,000,000	P, S, E
		None	5		\$15	\$50	\$10	\$25	\$50	\$	\$5,	<u>%</u>	ð.	Š		뿐	Z	Ϋ́	EX	\$ 00 g in	N GOOM			\$1.	\$2,	\$5.	<u></u>	\$5(\$10	₩.	ð	
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Page 6 of 6

SCHEDULE IV— TRANSACTIONS

or depen	ny purchase, sale, or exchange transactions by you, your spouse, dent child during the reporting period of any security or real propfor investment that exceeded \$1,000. Include transactions that		Type ansa		_	Date			Am	oun	t of T	[ran:	sact	on		
resulted i action. E dren, or i ates rent	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (i.e., "partial sale"). See example below.			4GE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly,	A	В	С	D	E	F	G	H - 2	÷8	J
Capital (tains — if a sales transaction resulted in a capital gain in excess check the "capital gains" box and disclose this income on Schedule	PURCHASE	SALE	EXCHANGE	Check Bor Gain Exce	Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001-	\$500,001- \$1,000,000	\$1,000,001	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
SP, DC, JT										_					2.00	
SP	Example: Mega Corporation Common Stock (partial sale)	100,000	Х			10–12–10	2 2 2 2 2	X	1 25							
	Guernteed opton	X		,		Monthly	X		**************************************							
	Minnessta College Scrings Min Gueranteed Opton ADCT, Stock		×			10/22/10	X				·					
77.	Threet Universal Life Insurance	X				Quetely	X									
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	TATES HOUSE OF REPRESENTERS AR 2010 FINANCIAL DISCLOSURE STATE		FORM A Page 1 of 3 For use by Members, officers, and employees	T HAND DELIVE
				THE ATTIVE RECOURGE CLATE!
	Rep. Betty McCollum (Full Name)		(202) 225-6631 (Daytime Telephone)	2011 MAY 16 PM 3: 49
Filer Status	Member of the U.S. State: MN House of Representatives District: 04		ficer Or Employing Office: nployee	A \$200 penalty shall be assessed against anyone who files
Report V	Annual (May 15)	☐ Terminatio	Termination Date: n	more than 30 days
PRELIMINAR	Y INFORMATION ANSWER EACH	OF THESE QU	JESTIONS	<u></u>
I. or more from any	spouse have "earned" income (e.g., salaries or fees) of \$200 y source in the reporting period?	Yes No 🗸 V	Did you, your spouse, or a dependent child receive any repor it- the reporting period (i.e., aggregating more than \$335 and no exempt)? If yes, complete and attach Schedule VI.	
II. you for a speech,	al or organization make a donation to charity in lieu of paying , appearance, or article in the reporting period? se and attach Schedule II.	Yes 🗌 No 🗸 V	Did you, your spouse, or a dependent child receive any repor il. reimbursements for travel in the reporting period (worth mon from one source)? If yes, complete and attach Schedule VII.	table travel or e than \$335 Yes No
III. more than \$200 ir more than \$1,000	ouse, or a dependent child receive "unearned" income of in the reporting period or hold any reportable asset worth at the end of the period? e and attach Schedule III.	Yes ☑ No ☐ V	Did you hold any reportable positions on or before the date o III. current calendar year? If yes, complete and attach Schedule VIII.	ffiling in the Yes No 🗸
IV. reportable asset i period?	ouse, or dependent child purchase, sell, or exchange any in a transaction exceeding \$1,000 during the reporting and attach Schedule IV.	Yes 🗌 No 🗹 D	Did you have any reportable agreement or arrangement with a entity? If yes, complete and attach Schedule IX.	an outside Yes
V. Did you, your spo than \$10,000) duri	ouse, or a dependent child have any reportable liability (more	Yes No 🔽	Each question in this part must be answer schedule attached for each "Yes" response	
		IST INFORMAT	ION ANSWER EACH OF THESE QU	
Trusts-	Details regarding "Qualified Blind Trusts" appro-	ved by the Committee	on Ethics and certain other "excepted trusts" need not benefiting you, your spouse, or dependent child?	
Exemptions			me, transactions, or liabilities of a spouse or dependent ' unless you have first consulted with the Committee on	

21.201.2				
BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Alger Small & Midcap Growth A Open End Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$2,501 - \$5,000	
Davis NY Venture Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Goldman Sachs Capital Growth Mutual Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Goldman Sachs Growth & Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Hartford Capital Apprec Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Minnesota State Def. Comp - T. Rowe Price Small Cap Fund	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

CHE	DULE III - ASSETS AND "UNEARNED" IN	ICOME	Name Rep	b. Betty McCollum		Page 3 of 3
; ;	Minnesota State Def. Comp Fidelity Div Inter Fund	' '	001 - 5,000	DIVIDENDS	\$201 - \$1,000	
	Minnesota State Def. Comp Janus Twenty	, , ,	.001 - 5,000	DIVIDENDS	\$1 - \$200	
	Minnsota State Def. Comp. Vanguard Index Funds Plus		001 - 5,000	DIVIDENDS	\$201 - \$1,000	
	Oppenheimer Global Allocation FD	,	001 - 5,000	None	NONE	Р
	Oppenheimer Quest Balanced Fund-A Mutual Fund	No	ne	CAPITAL GAINS	\$1 - \$200	S
	Oppenheimer Quest Opportunity Value Mutual Fund		001 - 5,000	DIVIDENDS	\$201 - \$1,000	

UNITED STATES HOUSE OF REPRESEN' CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATE		FORM A Page 1 of 6 For use by Members, officers, and employees	HAND DELIVERED
Keith M Ellison		202-225-4755 (Daytime Telephone)	2011 MAY -3 AM 9: 20 MC
Filer Status Member of the U.S. State: MN House of Representatives District: 5		ficer Or Employing Office:	(Office dise Only) FRE CLERK U.S. HOUSE OF RE-KE SENTATIVES A \$200 penalty shall be assessed against anyone who files
Report Type Annual (May 15) Amendment	☐ Terminatio	Termination Date: n	more than 30 days
PRELIMINARY INFORMATION - ANSWER EACH	OF THESE QU	JESTIONS	· · · · · · · · · · · · · · · · · · ·
Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes 🗹 No 🗆 V	Did you, your spouse, or a dependent child receive any report: the reporting period (i.e., aggregating more than \$335 and not exempt)? If yes, complete and attach Schedule VI.	otherwise Yes No 🗹
Did any individual or organization make a donation to charity in lieu of paying jou for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes No 🕢	Did you, your spouse, or a dependent child receive any reports reimbursements for travel in the reporting period (worth more from one source)? If yes, complete and attach Schedule VII.	able travel or than \$335 Yes V No 🗌
Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yee 2 No V	Did you hold any reportable positions on or before the date of the current calendar year? If yes, complete and attach Schedule VIII.	filing in the Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes No 🗹	Did you have any reportable agreement or arrangement with a entity? If yes, complete and attach Schedule IX.	n outside Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more	Yes 🐼 No 🗌	Each question in this part must be answere schedule attached for each "Yes" response	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	IST INFORMAT		
Trusts Details regarding "Qualified Blind Trusts" appro-	ved by the Committee	on Ethics and certain other "excepted trusts" need not benefiting you, your spouse, or dependent child?	
		me, transactions, or liabilities of a spouse or dependent " unless you have first consulted with the Committee on I	

SCHEDULE I - EARNED INCOME

Name Keith M Ellison

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Community Action Partnership	Spouse Salary	N/A

SCHEDULE III - ASSETS	AND	"UNEARNED"	INCOME
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Name Keith M Ellison

Page 3 of 6

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source dentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each seast held in the account that exceeds the reporting thresholds. For extrement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the exporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
publically tr activities, a Exclude: Y vacation no	raded, state the name of the business, the nature of its nd its geographic location in Block A. Our personal residence, including second homes and ones and ones there was rental income during the reporting				
publically tractivities, a Exclude: Y	raded, state the name of the business, the nature of its nd its geographic location in Block A. Our personal residence, including second homes and	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
publically tr activities, a Exclude: Y vacation no	raded, state the name of the business, the nature of its not its geographic location in Block A. Our personal residence, including second homes and omes (unless there was rental income during the reporting of deposite totaling \$5.000 or localing personal checking or	\$1 - \$1,000 \$1,001 - \$15,000	DIVIDENDS	\$1 - \$200 \$1 - \$200	
publically tractivities, a Exclude: Y	raded, state the name of the business, the nature of its not its geographic location in Block A. our personal residence, including second homes and omes (unless there was rental income during the reporting to denotite totaline \$5.000 or localing a namenal checking or Hartford Advisers Fund Hartford Dividend & Growth	\$1,001 -			
publically tractivities, a Exclude: Y	raded, state the name of the business, the nature of its not its geographic location in Block A. our personal residence, including second homes and omes (unless there was rental income during the reporting to denotite totaline \$5.000 or localing a namenal checking or Hartford Advisers Fund Hartford Dividend & Growth Fund	\$1,001 - \$15,000	DIVIDENDS DIVIDENDS/CAPI	\$1 - \$200	
publically tr activities, a Exclude: Y vacation no	raded, state the name of the business, the nature of its not its geographic location in Block A. Our personal residence, including second homes and ones (unless there was rental income during the reporting redenselve totaling \$5.000 or long in a namenal checking as Hartford Advisers Fund Hartford Dividend & Growth Fund Hartford Inflation Plus Fund	\$1,001 - \$15,000 \$1 - \$1,000 \$1,001 -	DIVIDENDS DIVIDENDS/CAPI TAL GAINS	\$1 - \$200 \$1 - \$200	

SCHEDULE'III - ASSETS AND "UNEARNED" INCOME		Name Keith M		Page 4 of 6		
	Hartford US Gov't Securities Fund	Noi	ne	DIVIDENDS	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name Keith M Ellison

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Congressional Federal Credit Union		Ready Reserve	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Keith M Eilison

Page 6 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure- DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days no <u>t at</u> sponsor's expense
U.S. Middle East Project	04. 14-15	MPLS, MN Washington, CT-	1	7	7	None

		TES HOUSE OF REPRESEN R 2010 FINANCIAL DISCLOSURE STATE		FORM A Page 1 of 6 For use by Members, officers, and employees	LEGISLATIVE RESOURCE CENTER 2011 MAY 11 PM 3: 54
		Collin C Peterson (Full Name)	·····	202-225-2165 (Daytime Telephone)	LS. HOUSE OF REPLIESE TATIVES HANDOFNAFED
	LIAF V	Member of the U.S. State: MN House of Representatives District: 7	1 1 1	icer Or Employing Office: ployee	A \$200 penalty shall be assessed against anyone who files
I	Report Type	Annual (May 15)	☐ Termination	Termination Date: า	more than 30 days late.
PF	RELIMINARY	INFORMATION ANSWER EACH	OF THESE QU	ESTIONS	
l.	or more from any so	use have "earned" income (e.g., salaries or fees) of \$200 urce in the reporting period? and attach Schedule I.	Yes ✓ No 🗆 VI	exempt)? If yes, complete and attach Schedule VI.	otherwise Yes No 🗸
II.	you for a speech, ap	organization make a donation to charity in lieu of paying pearance, or article in the reporting period? nd attach Schedule II.	Yes No 🗹 VI	Did you, your spouse, or a dependent child receive any reporta to reimbursements for travel in the reporting period (worth more from one source)? If yes, complete and attach Schedule VII.	
HC.	Did you, your spouse more than \$200 in th more than \$1,000 at	e, or a dependent child receive "uneamed" income of e reporting period or hold any reportable asset worth the end of the period? nd attach Schedule III.	Yes ✓ No ☐ VI	Did you hold any reportable positions on or before the date of all. current calendar year? If yes, complete and attach Schedule VIII.	filing in the Yes ✔ No ☐
IV.	Did you, your spouse reportable asset in a period?	e, or dependent child purchase, sell, or exchange any transaction exceeding \$1,000 during the reporting	Yes 📝 No 🗌 iX	Did you have any reportable agreement or arrangement with are entity?	routside Yes ☐ No ☑
V.	Did you, your spouse (more than \$10,000)	nd attach Schedule IV. e, or a dependent child have any reportable liability during the reporting period? nd attach Schedule V.	Yes 🗌 No 📝	Each question in this part must be answere schedule attached for each "Yes" response	• • • • • •
E)			I IST INFORMAT	ION ANSWER EACH OF THESE QUE	· · · · · · · · · · · · · · · · · · ·
<u>-/</u>	Trusts-	Details regarding "Qualified Blind Trusts" appr	oved by the Committee	on Ethics and certain other "excepted trusts" need not benefiting you, your spouse, or dependent child?	
=	Exemptions			ne, transactions, or liabilities of a spouse or dependent of unless you have first consulted with the Committee on E	

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SCHEDULE I - EARNED INCOME

Name Collin C Peterson

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Peterson Fox, Inc	Directors Fee	\$9,000

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and denotice totaling \$5,000 or location in a paragraph absolute of the provided and provided an	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Bremer Bank (Detroit Lakes, MN)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Lakewest Properties (partnership)	\$1,001 - \$15,000	RENT/Interest Cap Gains	\$2,501 - \$5,000	
Peterson Farm Partnership (previous name : Thief River Farm)	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	
Peterson Fox, Inc (common stock)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
Wright Patman Congressional Credit Union (Wash. DC)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Collin C Peterson

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	1/2 Interest in 120 acres farm land and cabin- Peterson Farms Partnership (previously known as Thief River Farms)	P	N/A	1-4-10	\$50,001 - \$100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Collin C Peterson

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
CHICAGO COUNCIL on GLOBAL AFFAIRS	Feb. 1	FARGO-CHICAGO-DC	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name Collin C Peterson

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	PETERSON FOX
PARTNER	PETERSON FARMS PARTNERSHIP (formerly known as Thief River Farms)
PARTNER	LAKEWEST PROPERTIES